

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517519

FILING DATE

APPLICANT(S)

12/12/04 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5			1		1	
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11						
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48						
49						
50						
TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	5	←	5	←
TOTAL CLAIMS			6		6	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						